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Commissioner for Patents

Attn:

Examiner Seaman, Art Unit 1625

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(703) 872-9306

From:

Roberta Saxon, Reg. No. 43,087

Patent Department

Telephone:

650 808-3764

Fax:

650 808-6078

Date:

September 22, 2004

of pages:

8 (including this page)

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Attached is a Reply for U. S. Serial No. 10/642,926.

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			Application Number	10/642,926				
TRANSMIT	FAL		Filing Date	August 18, 2003				
FORM			First Named Inventor	Edmund J. MORAN				
(to be used for all correspondence after initial filing)			Art Unit	1625				
			Examiner Name	D. Margar	et Seaman			
Total Number of Pages in This Sul	bmission	8	Attorney Docket Number	P-128-US	2			
		ENCLO	SURES (check all that apply)					
Fee Transmittal Form	[☐ Drawin	g(s)	After Allowance Communication to Technology Center (TC)				
Fee Attached	וֹן	Licensi	ng-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply		Petitlor	n		Communication to TC Notice, Brief, Reply Brief)			
After Final			n to Convert to a onal Application	Proprie	tary information			
Affidavits/declaration(s)			of Attorney, Revocation e of Correspondence Address	Status Letter				
Extension of Time Request			al Disclaimer	Other Enclosure(s) (please Identify below):				
Express Abandonment Request			st for Refund umber of CD(s)	ļ				
☐ Information Disclosure State	ment				·			
Certified Copy of Priority Document(s)		Rema	included in this resp					
Response to Missing Parts/ Incomplete Application Reply Pu			suant to 37 C.F.R. §1.111 (3 pa al (1 page) and a duplicate cop ge (1 page)	ges); Termin y; this Trans	al Disclaimer (1 page); Fee mittal (1 page); and Facsimile			
Response to Missing Parts under 37 CFR 1.52 or 1.53			je (1 page)		:			
	SIGNAT	URE OF	APPLICANT, ATTORNEY, O	R AGENT				
Firm or Roberta F	P. Saxon, R	Reg. No. 43	3,087		:			
0	ita	P.10	auga -		:			
Date Septemb	er 22, 2004	1						
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name Bart	ara Bryant	1			•			
Signature /3	awa	alyu	yant	Date	September 22, 2004:			

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PTD/SB/17 (10-03)

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/ rr	L	Complete if Known								
/ FE	Applic	Application Number 10/842,926 :								
	Filing	Filing Date		Augu	August 18, 2003					
		First Named Inventor			und J. MORAN	:				
Effective 10		Examiner Name			argaret Seaman					
☐ Applicant		Art Unit 1625								
TOTAL AMOUNT OF PAYMENT (\$) 110					Altorney Docket No. P-128-US2					
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ME	THOD OF PAYMENT (che	ck all that app	oly)	2 40	FEE CALCULATION (continued) 3. ADDITIONAL FEES					
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Deposit				Fee Code	Fee (\$)	Fee Code	Foe (\$)	Fee De	escription	Fee Paid
Account	50-0344			1051	130	2051	65	-	filing fee or oath	
Number				1052	50	2052	25	Surcharge - late or cover sheet.	provisional filing fee	
Deposit				1053	130	1063	130	Non-English spe	ecification .	
Account Name	Theravance, Inc.			1812	2,520	1812	2,520	For filing a requ	est for reexamination	
The Director is a	ıthorized to: (check all th			1804	920*	1804	920*	Requesting pub Examiner action	lication of SIR prior to	
Charge any ad	ndicated below	pendency of	this application	1805	1,840*	1805	1,840*	Requesting pub Examiner action	lication of SIR after	
to the above-ident	1251	110	2251	65		ply within first month				
	FEE CALCULATI	ION		1252	420	2252	210	Extension for re month	ply within second -	
1. BASIC, FILING FEE					950	2253	475	Extension for re	ply within third month	
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	ode (\$)	mericit	Fee Paid	1255	2,010	2255	1,005		ply within fifth morth	
1001 770 2	001 385 Utility filing	g fee		1401	330	2401	165	Notice of Appea		
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	003 265 Plant filing 004 385 Relssue fil			1403	290	2403	145	Request for oral Petition to Institu	-	
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,	SUBTOTAL (1)		(\$) 0	1453	1,330	2453	665		e - unintentional	
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2. EXTRA CLA	IM FEES FOR UTILIT	Y AND RE	ISSUE	1502	480	2502	240	Design Issue for		
•	Extra	Fee from		1503	640	2503	320	Plant issue fee	:	
Total Claims	-0 ** = 0	below X 18	Paid	1460	130	1460	130	Petitions to the	Commissioner	
Independent		í 		1807	50	1807	50	_	under 37 CFR 1.17 (q)	
Claims	-3" = 0	X 86		1806	180	1806	180	Submission of la Stmt	nformation Disclosure	
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Fee Fee Code (\$)	Eco Eco	Description		1809	770	2809	385		sion after final rejection	
1202 18	1 ***	s In excess o	f 20	1810	770	2810	385	For each addition	nal invention to be	
1201 88	,		In excess of 3					examined (37 C		\vdash
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_~or number previo	*Reduc	*Reduced by Basic Filing Fee Pald SUBTOTAL (3) (\$) 110					0			
SUBMITTED BY								Com	plete (if applicable)	
Registretion No.										
Name (Print/Type)	Roberta P. Saxo	on	(Attorney/Agent)		43	3,087	- 1	Telephone	(650) 808-6000	

Signature September 22, 2004

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FFF TO AMONUTE AT	Complete If Known						
FEE TRANSMITTAL	Application Number	10/842,928	1				
for FY 2004	Filing Date						
	First Named Inventor	Edmund J. MORAN					
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name	D. Margaret Seaman					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1625	1				
OTAL AMOUNT OF PAYMENT (\$) 110	Attorney Docket No.	P-128-US2	,				

TOTAL AMOUNT OF PAYMENT (\$) 110					Attorn	Attorney Docket No. P-128-US2						
METHOD OF PAYMENT (check all that apply)					T	PEE CALCULATION (continued)						
				3. AE	3. ADDITIONAL FEES							
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order ☑ Deposil Account:					Largo	argo Entity Small Entity						
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I Delosit i					1051	130	2051	65	Surcharge - late filing fee or oath			
Number S0-0344					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Deposit					1053	130	1053	130	Non-English specification			
Account Theravance, Inc.				1812	2,520	1812	2,520	For filing a request for reexamination				
Name The Director is authorized to: (check ell that apply)					1804	920*	1804	920°	Requesting publication of SIR prior to Examiner action			
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application					1805	1,840*	1805	1.840*	Requesting publication of SIR after Examiner action			
		indicated be			e filing fee	•	1251	110	2251	55	Extension for reply within first month	
to the above-identified deposit account. FEE CALCULATION					1252	420	2252	210	Extension for reply within second month			
1. B	ASIC.	ILING FEI	:		<u> </u>		1253	950	2253	475	Extension for reply within third month	
Large En	tity Fee	Small Entity		e Descriptio			1254	1,480	2254	740	Extension for reply within fourth month	
Code	(\$)	Code (\$)	1.0	d haskinhiid	17	Fee Pald	1255	2,010	2255	1,005	Extension for reply within fifth month	
1001	770	2001 385	Uti	ility filing fee			1401	330	2401	165	Notice of Appeal	
1002	340	2002 170	De	sign filing fe	•		1402	330	2402	165	Filing a brief in support of an appeal	
1003	530	2003 265	Pia	ant filing fee			1403	290	2403	145	Request for oral hearing	
1004 1005	770 160	2004 385 2005 80		elssue filing f ovisional fillir			1451	1,510	1451	1,510	Petition to Institute a public use proceeding	
1000	,	2000 00	• •	orioioi ai iiiii	9.00	L	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 0				1453	1,330	2453	665	Petition to revive - unintentional:				
					un nelo	011F	1501	1,330	2501	665	Utility Issue fee (or reissue)	
2. EXT	RA CL	AIM FEES					1502	480	2502	240	Design Issue fee	
					Fee from below	Fee Pald	1503	640	2503	320	Plant issue fee	
Total Claim	15	-0 **	= 0		18	= 0	1460	130	1460	130	Petitions to the Commissioner	
Independent	, =		Γ.				1807	50	1807	50	Processing fee under 37 CFR 1.17 (q))
Claims	L	-3	= 0		88	0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large En	.414.4	. Small E	meleis	х	290	= 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Foo	Fee	Fee	Fos				1809	770	2809	385	Filing a submission after final rejection	,
Code	(\$)	Code	(\$)	Fee Desci	iption						(37 CFR § 1.129(a))	
1202	18	2202	9	Claims in	excess of 20)	1810	770	2810	385	For each additional invention to be	
1201	86	2201	43	•		excess of 3	1				examined (37 CFR § 1.129(b))	
1203	290	2203	145		-	aim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)	
1204	86	2204	43	original pa	tent	nt dalms over	1802	900	1802	900	Request for expedited examination - of a design application	
1205 18 2205 9 ** Relssue daims in					xcess of 20 and				U.	:	ļ	
		•		over original patent			Other	Other fee (specify) Statutory Disclaimer (37 CFR 120(d)) Fee Code:1814				
SUBTOTAL (2) (\$) 0												
The second secon					*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110						

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Roberta P. Saxon	Registration No. (Attorney/Agent)	43,087	Telephone	(650) 808-6000				
Signature	Liberta P	Daran_		Date	September 22, 2004				

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